MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER -62-037217

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2613

FILED SEP 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4002		
2	4000		
3	2		
4	0		
5	1		
6			
7	0		
8	2		
9	4200		
10			
11			
12	92-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton (5)
Length of stay in this D. O. A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hosp
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Lemay (25) Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 628 Rochester Dr (25) Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First EDWARD Middle JOSEPH Last Smith

4. DATE OF DEATH: Month, Day, Year: 9-8-1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-26-1895

9. AGE (Last birthday): 67 Yrs
IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sample Maker

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Smith

13b. MOTHER'S MAIDEN NAME: Lillian Johnson

14. NAME OF HUSBAND OR WIFE: Clara Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No None

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Clara Smith 628 Rochester Dr (25)

18. CAUSE OF DEATH (Enter only one cause per line for Parts I and II.)

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cononary occlusion	10 min.
DUE TO (b)	~~chronic arteriosclerotic heart disease~~	12 yr
DUE TO (c)	Pulmonary empysema and chronic bronchitis	8 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 11

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1952 to death and last saw him alive on August 13, 62
Death occurred at 4:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Degree or Title: John G. Kellett M.D.

22b. ADDRESS: 2623 Telegraph Road

22c. DATE SIGNED: 9-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 9-11-1962

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): 5239 W. Florissant Av Mo

24. FUNERAL DIRECTOR ADDRESS: Fendler Und. Co 7420 Michigan Av (11)

25. DATE RECD. BY LOCAL REG.: 9-8-62

26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. John G. Kellett
2314 Telegraph
T W 2-3500

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.